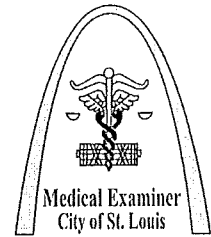




*Office of the Medical Examiner
City of St. Louis*

1300 Clark Avenue
St. Louis, MO 63103-2718

Office: 314-622-4971
Fax: 314-622-4933



Hammett, Isaiah Michael

**CITY-2017-1352
Exam Case**

Post-Mortem Examination

Name of Deceased: Hammett, Isaiah Michael
Address: 5414 S. Kingshighway, St. Louis, MO 63109
Date/Time of Medical Examiner Notification: 6/7/2017 2:00:00 PM
Date/Time of Pathologist's Examination: 6/8/2017 8:45:00 AM
Date/Time of Pronounced Death: 6/7/2017 11:41:00 AM
Race: White
Sex: Male
Age: 21 years
Date of Birth: 9/20/1995
Manner of Death: Homicide
Death Certificate Signed by: Medical Examiner
Investigator: Tara M. Rick
Pathologist: Erin Ely, M.D. Assistant Medical Examiner
Depth of Investigation (Investigator): Scene
Depth of Investigation (Pathologist): Complete Autopsy
Police Agency: 1st District - St. Louis Police Department (Complaint No.: 17-27659)

*Office of the Medical Examiner
Not For Secondary Release
City of St. Louis*

External Examination: The body is clothed in blue boxer briefs, black and white capri sweatpants, and white socks. The appearance of age is approximately as stated. The body weight is 142 lbs and the body length is 68 inches. The state of preservation is good in this unembalmed body. Rigor mortis is moderately developed. Livor mortis is fixed and is found primarily on the posterior body surfaces. The abdomen is flat. The chest and back are symmetrical with normal conformation. The neck is symmetric without masses or unusual mobility. Both upper and lower extremities are symmetrical throughout. The scalp hair is worn short and is brown. There is a brown beard present on the face. The pupils are round, regular, equal and somewhat dilated. The sclerae, conjunctivae and eyelids are unremarkable. The irides are brown. The teeth are in a good state of repair. The gums and oral cavity are normal in appearance. The nose is symmetric and the air passages are open. The external ears are normal in appearance and without injury. There is a 1 x 1 cm well healed scar on the right knee. There are tattoos present: right chest (dragon, rose), left chest (marijuana leaf, "Kill Em With Kindness"), right lateral arm (design), right ventral arm ("When the tongue lies, the eyes tell the truth"), right ventral forearm (clock, "Time Heals All", "The only words to regret are the ones never said"), right dorsal forearm (man with wings and mask), left lateral arm (Darth Vader, skull with headdress), left ventral

COPY

Exhibit 4

Exam Case

forearm (design, dragon), and left dorsomedial forearm (skull). EKG stickers are present on the right ventral forearm and right and left anterior legs.

Injuries: There is a gunshot entrance wound of the left neck. There is a gunshot entrance wound of the left chest, which corresponds with multiple gunshot exit wounds of the central and right chest. There is a gunshot entrance wound of the left lateral chest, which pairs with a gunshot exit wound of the left anterior shoulder. There is a gunshot entrance wound of the left lateral chest. There is a gunshot entrance wound of the left lateral chest, which pairs with a gunshot exit wound of the left chest. There is a gunshot entrance wound of the left chest. There is a gunshot entrance wound of the right central chest. There is a gunshot entrance wound of the right lower chest, which corresponds with a gunshot exit wound of the right lower lateral chest. There is a gunshot entrance wound of the left back, which corresponds with a gunshot exit wound of the left armpit. There are two gunshot entrance wounds of the left abdomen. There is a gunshot entrance wound of the left pelvis. There is a graze gunshot wound of the right back. There is a gunshot entrance wound of the right ventral arm. There is a gunshot entrance wound of the right ventrolateral arm. There is a gunshot entrance wound of the right ventral arm, which pairs with a gunshot exit wound of the right dorsal arm. There is a 9 x 4 cm red abrasion surrounding this gunshot entrance wound of the right ventral arm. There is a gunshot entrance wound of the right dorsolateral forearm, which pairs with a gunshot exit wound of the right dorsal forearm. There is a 10 x 4.5 cm region of pseudo stippling with multiple red abrasions ranging in size from 0.2 to 2 cm in greatest dimension and located on the right dorsal forearm surrounding the right dorsolateral gunshot entrance wound. There are two gunshot entrance wounds of the left anterior shoulder. There is a gunshot entrance wound of the left dorsolateral forearm, which pairs with a two component gunshot exit wound of the left ventral forearm. There are two gunshot related graze wounds of the left hand. There is a gunshot entrance wound of the left anterior knee. There is a 0.5 x 0.3 cm red abrasion of the chin. There is a 2 x 1 and a 1 x 1 cm red abrasion of the left chest. There is a 13 x 10 cm region of pseudo stippling with individual abrasions ranging in size from 0.2 to 0.7 cm in greatest dimension. There is a 2.5 x 1.5 cm red abrasion of the left lateral chest. There is an 8 x 10 cm region with multiple gunshot related wounds of the left lateral lower chest/upper abdomen, with individual red abrasions ranging in size from 0.2 to 0.5 cm in greatest dimension. There is a 3 x 2 cm region to the right of the umbilicus with multiple yellow abrasions ranging in size from 0.2 to 0.5 cm in greatest dimension. There is a 0.5 x 0.5 cm yellow abrasion of the right lower quadrant. There is a 13 x 6 cm region of multiple gunshot related red abrasions, ranging in size from 0.1 to 7 cm in greatest dimension, and located in the right lower chest. There is a 5 x 5 cm region with multiple red abrasions, ranging in size from 0.2 to 2 cm in greatest dimension and located at the right ventromedial elbow. There is a 5.5 x 4.5 cm red abrasion of the right ventral wrist. There is a 7 x 5.5 cm region of multiple red abrasions surrounding the right lower back graze gunshot wound. There are two 0.5 x 0.5 cm red abrasions of the right back. There is a 7 x 5 cm red abrasion of the left back. There is a 9 x 9 cm region on the left back with multiple red abrasions ranging in size from 0.2 to 0.7 cm in greatest dimension and surrounding purple contusion. Minute ballistic fragments are present in these wounds. There is a 2 x 0.3 cm and a 2.5 x 1.5 cm red abrasion of the left ventral arm. There is a 0.2 x 0.2 cm red abrasion of the right anterior ankle.

Detailed Description of Specified Injuries:

1. There is a gunshot entrance wound of the left neck. This wound is located 6.5 cm below the level of the left mastoid process and 7 cm left of anterior midline of the neck. The hole measures 15 x 10 mm and is ovoid with focally inverted edges. The edges show an abrasion ring measuring up to 10 mm in

COPY

Office of the Medical Examiner
Not For Secondary Release
City of St. Louis

Torres - Post-Mortem Exam - 002

Exam Case

greatest dimension and is located primarily inferior to the wound. No powder stipple or soot is identified. X-rays show multiple fragments associated with this wound. The fragments large enough to be recovered have been retrieved from the left neck and trachea and submitted as evidence. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is upward, backward and rightward. The track of this bullet has been traced to have passed via the skin, soft tissue, skeletal muscle, larynx (two 2 x 1 cm disruptions), C2 vertebral body (fracture), spinal cord (transection), mandible (fracture) and maxilla (fracture), to fragment in the soft tissue and bones of the left neck, larynx, and face.

2. There is a gunshot entrance wound of the left chest. This wound is located 28.5 cm below the level of the shoulder and 6.5 cm left of anterior midline of the chest. The hole measures 20 x 15 mm and is round with focally inverted edges. The edges show an abrasion ring measuring up to 10 mm in greatest dimension and is located primarily lateral to the wound. No powder stipple or soot is identified. X-rays show multiple fragments associated with this wound. Fragments have been retrieved from the left lung, pericardial sac, and heart, and are submitted as evidence. The remaining fragments are too small to recover. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is upward, backward, and rightward. The track of this bullet has been traced to have passed via the skin, soft tissue, left 4th rib (fracture), lower lobe of the left lung (3 x 2 cm disruption), pericardial sac (obliteration), anterior heart (11.5 x 8.5 cm disruption of the right atrium, right ventricle, left atrium, left ventricle, and left anterior descending artery), aorta (2 x 1 cm disruption), sternum (fracture), middle lobe of the right lung (9 x 6 cm disruption), right 4th and 6th ribs (fractures), to exit the skin of the central and right chest in a multiple component exit wound. This gunshot entrance wound corresponds to the multiple component gunshot exit wound of the central and right chest described immediately below.

3. There is a multiple component gunshot exit wound of the central and right chest. The first wound is located in the central chest, 26 cm below the level of the shoulder and 2 cm left of anterior midline of the chest. The hole measures 40 x 35 mm and is round with clean edges. The second gunshot exit wound is located in the right chest, 20 cm below the level of the shoulder and 4.5 cm right of anterior midline of the chest. The hole measures 40 x 60 mm and has irregular and clean edges. The third gunshot exit wound is located in the right chest, 19 cm below the level of the shoulder and 12.5 cm right of anterior midline of the chest. The hole measures 20 x 15 mm and has irregular and clean edges. These gunshot exit wounds correspond to the gunshot entrance wound of the left chest described immediately above.

4. There is a gunshot entrance wound of the left lateral chest. This wound is located 20 cm below the level of the shoulder and 16 cm left of anterior midline of the chest. The hole measures 10 x 8 mm and is round with focally inverted edges. The edges show an abrasion ring measuring up to 1 mm in greatest dimension and is concentric to the wound. No powder is identified. There is a surrounding 13 x 10 cm region of pseudo stippling with abrasions measuring from 0.2 to 0.7 cm in greatest dimension. X-rays show multiple fragments associated with this wound. Fragments from the left supraclavicular region have been retrieved and submitted as evidence. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is upward, backward, and rightward. The track of this bullet has been traced to have passed via the skin, soft tissue, and skeletal muscle, to exit the skin of the left anterior shoulder. This gunshot entrance wound pairs with the gunshot exit wound of the left anterior shoulder, described immediately below.

COPY

Office of the Medical Examiner
Not For Secondary Release
City of St. Louis

Exam Case

5. There is a gunshot exit wound of the left anterior shoulder. This wound is located 3 cm below the level of the shoulder and 10.5 cm left of anterior midline of the chest. The hole measures 65 x 45 mm and has irregular and clean edges. This gunshot exit wound corresponds to the gunshot entrance wound of the left lateral chest described immediately above.

6. There is a gunshot entrance wound of the left lateral chest. This wound is located 21.5 cm below the level of the shoulder and 21 cm left of anterior midline of the chest. The hole measures 13 x 15 mm and is round with focally inverted edges. The edges show an abrasion ring measuring up to 1 mm in greatest dimension and is concentric to the wound. No powder is identified. This wound is also within the region of the 13 x 10 cm region of pseudostippling with abrasions measuring from 0.2 to 0.7 cm in greatest dimension. X-rays demonstrate multiple fragments, too small to be recovered, associated with this wound. The path of this shot is upward, backward, and rightward. The track of this bullet has been traced to have passed via the skin, soft tissue, left 8th intercostal space, to fragment in the chest.

7. There is a gunshot entrance wound of the left lateral chest. This wound is located 30.5 cm below the level of the shoulder and 14.5 cm left of anterior midline of the chest. The hole measures 10 x 8 mm and is round with focally inverted edges. The edges show an abrasion ring measuring up to 1 mm in greatest dimension and is concentric to the wound. No powder is identified. There is an 8 x 10 cm region of pseudostippling with individual abrasions measuring 0.2 to 0.5 cm in greatest dimension. X-rays show multiple fragments associated with this wound. The fragments are too small to be recovered. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is upward, backward, and rightward. The track of this bullet has been traced to have passed via the skin, soft tissue, left ribs 2-7 (fractures), lower lobe of the left lung (5 x 4 cm disruption), to fragment in the chest, and partially exit the left chest. This gunshot entrance wound corresponds with the gunshot exit wound of the left chest described immediately below.

8. There is a gunshot exit wound of the left chest. This wound is located 19 cm below the level of the shoulder and 13 cm left of anterior midline of the chest. The hole measures 25 x 25 mm and has irregular and clean edges. This gunshot exit wound corresponds to the gunshot entrance wound of the left lateral chest described immediately above.

9. There is a gunshot entrance wound of the left chest. This wound is located 32 cm below the level of the shoulder and 3.5 cm left of anterior midline of the chest. The hole measures 5 x 4 mm and is round with focally inverted edges. The edges show an abrasion ring measuring up to 1 mm in greatest dimension and is concentric to the wound. No powder stipple or soot is identified. X-rays show multiple fragments associated with this wound. The fragments are too small to be recovered. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is upward, backward, and rightward. The track of this bullet has been traced to have passed via the skin and soft tissue, to fragment in the chest.

10. There is a gunshot entrance wound of the right central chest. This wound is located 24 cm below the level of the shoulder and 1 cm right of anterior midline of the chest. The hole measures 5 x 4 mm and is round with focally inverted edges. The edges show an abrasion ring measuring up to 1 mm in greatest dimension and is concentric to the wound. No powder stipple or soot is identified. X-rays show multiple fragments associated with this wound, too small to be recovered. Evaluation of this wound

COPY

Office of the Medical Examiner
Not For Secondary Release
City of St. Louis

Exam Case

indicates that it is an entrance wound. The path of this shot is upward, backward, and rightward. The track of this bullet has been traced to have passed via the skin and soft tissue to fragment in the chest.

11. There is a gunshot entrance wound of the right lower chest. This wound is located 34 cm below the level of the shoulder and 1 cm right of anterior midline of the chest. The hole measures 10 x 10 mm and is round with focally inverted edges. The edges show an abrasion ring measuring up to 10 mm and located inferior and medial to the wound. No powder stipple or soot is identified. X-rays show multiple fragments associated with this wound. The fragments are too small to be recovered. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is upward and rightward. The track of this bullet has been traced to have passed via the skin and soft tissue to exit the skin of the right lower lateral chest. This gunshot entrance wound corresponds to the gunshot exit wound of the right lower lateral chest described immediately below.

12. There is a gunshot exit wound of the right lower lateral chest. This wound is located 28 cm below the level of the shoulder and 14 cm right of anterior midline of the chest. The hole measures 13 x 8 mm and has irregular and clean edges. This gunshot exit wound corresponds to the gunshot entrance wound of the right lower chest described immediately above.

13. There is a gunshot entrance wound of the left back. This wound is located 22 cm below the level of the shoulder and 17.5 cm left of posterior midline of the back. The hole measures 7 x 5 mm and is round with focally inverted edges. The edges show an abrasion ring measuring up to 3 mm in greatest dimension and is primarily lateral and inferior to the wound. No powder stipple or soot is identified. X-rays show fragments associated with this wound. Fragments have been retrieved from the left lung and submitted as evidence. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is upward, forward and leftward. The track of this bullet has been traced to have passed via the skin, soft tissue, skeletal muscle, lower lobe of the left lung (3 x 2 cm disruption), upper lobe of the left lung (3 x 2 cm disruption), to exit the skin of the left armpit. This gunshot entrance wound corresponds to a gunshot exit wound of the left armpit described immediately below.

14. There is a gunshot exit wound of the left armpit. This wound is located 13 cm below the level of the shoulder and 18 cm left of anterior midline of the chest. The hole measures 40 x 15 mm and has irregular and clean edges. This gunshot exit wound corresponds with the gunshot entrance wound of the left back described immediately above.

15. There is a gunshot entrance wound of the left abdomen. This wound is located 44 cm below the level of the shoulder and 11.5 cm left of anterior midline of the abdomen. The hole measures 5 x 4 mm and is round with focally inverted edges. The edges show an abrasion ring measuring up to 1 mm in greatest dimension and is concentric to the wound. No powder stipple or soot is identified. X-rays show multiple fragments associated with this wound. Fragments have been retrieved from the surface of the spleen and stomach and submitted as evidence. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is upward, backward and rightward. The track of this bullet has been traced to have passed via the skin, soft tissue, skeletal muscle, stomach (6 x 5 cm disruption), to fragment in the abdominal cavity.

16. There is a gunshot entrance wound of the left abdomen. This wound is located 45 cm below the level of the shoulder and 13 cm left of anterior midline of the abdomen. The hole measures 5 x 4 mm

COPY

Office of the Medical Examiner
Not For Secondary Release
City of St. Louis
Torres - Post-Mortem Exam - 005

Exam Case

and is round with focally inverted edges. The edges show an abrasion ring measuring up to 1 mm in greatest dimension and is concentric to the wound. No powder stipple or soot is identified. X-rays show multiple fragments associated with this wound. Fragments have been retrieved from the left kidney and transverse colon. The fragments are submitted as evidence. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is upward, backward and rightward. The track of this bullet has been traced to have passed via the skin, soft tissue, skeletal muscle, left kidney (6.5 x 5 cm disruption through the hilum), to fragment in the abdominal cavity.

17. There is a gunshot entrance wound of the left pelvis. This wound is located at the level of the anterior superior iliac spine (ASIS) and 4.5 cm left of anterior midline of the pelvis. The hole measures 5 x 6 mm and is round with focally inverted edges. The edges show an abrasion ring measuring up to 3 mm in greatest dimension and is primarily inferior to the wound. No powder stipple or soot is identified. X-rays show multiple fragments associated with this wound. Fragments have been retrieved from the pancreas and liver and submitted as evidence. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is upward, backward and rightward. The path of this bullet has been traced to have passed via the skin, soft tissue, skeletal muscle, pancreas (mid transection), inferior vena cava (2 x 1 cm disruption), and liver (16 x 12 cm disruption through the hilum) to fragment in the abdominal cavity.

18. There is a graze gunshot wound of the right back. This wound is located 38.5 cm below the level of the shoulder and 5.5 cm right of posterior midline of the back. The wound measures 15 x 10 mm.

19. There is a gunshot entrance wound of the right ventral arm. This wound is located 13 cm below the level of the shoulder and at midline of the ventral arm. The hole measures 25 x 20 mm and is round with focally inverted edges. The edges show an abrasion ring measuring up to 2 mm in greatest dimension and is concentric to the wound. There is a surrounding region of pseudostippling, measuring 4 x 2 cm, with individual abrasions measuring up to 0.4 cm in greatest dimension. X-rays show multiple fragments associated with this wound in the soft tissue and muscle of the right arm. Many of the fragments are too small to be recovered. A fragment has been retrieved from the soft tissue of the right arm and is submitted as evidence. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is downward, backward and rightward. The track of this bullet has been traced to have passed via the skin, soft tissue and skeletal muscle to fragment and rest in the soft tissue and skeletal muscle of the right arm.

20. There is a gunshot entrance wound of the right ventrolateral arm. This wound is located 14 cm below the level of the shoulder and 3 cm right of ventral midline of the arm. The hole measures 5 x 6 mm and is round with focally inverted edges. The edges show an abrasion ring measuring up to 1 cm in greatest dimension and is concentric to the wound. No powder stipple or soot is identified. X-rays show multiple fragments associated with this wound. The fragments are too small to be retrieved. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is downward, backward and leftward. The track of this bullet has been traced to have passed via the skin, soft tissue and skeletal muscle to fragment in the soft tissue and skeletal muscle of the right arm.

21. There is a gunshot entrance wound of the right ventral arm. This wound is located 24 cm below the level of the shoulder and at midline of the ventral arm. The hole measures 30 x 20 mm and is ovoid with focally inverted edges. The edges show an abrasion ring measuring up to 2 mm in greatest dimension and is concentric to the wound. No powder stipple or soot is identified. There is a surrounding

COPY

Office of the Medical Examiner
Not For Secondary Release
City of St. Louis

Exam Case

9 x 4 cm red abrasion. X-rays show no bullet fragments or lead associated with this wound. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is upward, backward, and leftward. The track of this bullet has been traced to have passed via the skin, soft tissue and skeletal muscle to exit the skin of the right dorsal arm. This gunshot entrance wound corresponds with the gunshot exit wound of the right dorsal arm described immediately below.

22. There is a gunshot exit wound of the right dorsal arm. This wound is located 23 cm below the level of the shoulder and 1.5 cm left of dorsal midline of the arm. The hole measures 15 x 10 cm and has irregular and clean edges. This gunshot exit wound corresponds with the gunshot entrance wound of the right ventral arm described immediately above.

23. There is a gunshot entrance wound of the right dorsolateral forearm. This wound is located 13 cm above the level of the wrist and 4 cm right of dorsal midline of the forearm. The hole measures 10 x 10 mm and is round with focally inverted edges. The edges show an abrasion ring measuring up to 10 mm in greatest dimension and is located inferior to the wound. No powder stipple or soot is identified. There is a surrounding 10 x 4.5 region of multiple red abrasions, ranging in size from 0.2 to 2 cm in greatest dimension. X-rays show fragments primarily too small to be retrieved. One small fragment has been retrieved from the right forearm and submitted as evidence. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is upward and leftward. The track of this bullet has been traced to have passed via the skin, soft tissue and skeletal muscle to exit the skin of the right ventral forearm. This gunshot entrance wound corresponds with the gunshot exit wound of the right ventral forearm described immediately below.

24. There is a gunshot exit wound of the right dorsal forearm. This wound is located 14 cm above the level of the wrist and 3.5 cm right of dorsal midline of the forearm. The hole measures 65 x 35 mm and is ovoid with irregular and clean edges. This gunshot exit wound corresponds with the gunshot entrance wound of the right dorsolateral forearm described immediately above.

25. There is a gunshot entrance wound of the left anterior shoulder. This wound is located 10 cm below the level of the shoulder and 15 cm left of anterior midline of the chest. The hole measures 5 x 4 mm and is round with focally inverted edges. The edges show an abrasion ring measuring up to 1 mm in greatest dimension and is concentric to the wound. No powder stipple or soot is identified. X-rays show bullet fragments too small to be recovered associated with this wound. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is downward, backward and rightward. The track of this bullet has been traced to have passed via the skin, soft tissue, and skeletal muscle to fragment in the left chest.

26. There is a gunshot entrance wound of the left anterior shoulder. This wound is located 7.5 cm below the level of the shoulder and 19 left of anterior midline of the chest. The hole measures 6 x 5 mm and is round with focally inverted edges. The edges show an abrasion ring measuring up to 1 mm in greatest dimension and is concentric to the wound. No powder stipple or soot is identified. X-rays show bullet fragments too small to be recovered associated with this wound. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is downward, backward and rightward. The track of this bullet has been traced to have passed via the skin, soft tissue, and skeletal muscle to fragment in the left chest.

COPY

Office of the Medical Examiner
Not For Secondary Release
City of St. Louis

Exam Case

27. There is a gunshot entrance wound of the left dorsolateral forearm. This wound is located 17.5 cm above the level of the wrist and 4.5 cm right of dorsal midline of the forearm. The hole measures 3 x 4 mm and is round with focally inverted edges. The edges show an abrasion ring measuring up to 1 mm in greatest dimension and is concentric to the wound. No powder stipple or soot is identified. X-rays show multiple fragments within the soft tissue and skeletal muscle of the left forearm. Some have been retrieved and are submitted as evidence. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is downward, forward and rightward. The track of this bullet has been traced to have passed via the skin, soft tissue, skeletal muscle, left radius (fracture) and ulna (fracture), to exit the skin of the left ventral forearm in two components. This gunshot entrance wound corresponds to the two component gunshot exit wound of the left ventral forearm described immediately below.

28. There is a two component gunshot exit wound of the left ventral forearm. The first wound is located 15 cm above the level of the wrist and 5 cm left of ventral midline of the forearm. The hole measures 65 x 30 mm and has irregular and clean edges. The second wound is located 13 cm above the level of the wrist and at midline of the forearm. The hole measures 80 x 65 mm and has irregular and clean edges. This two component gunshot exit wound corresponds to the gunshot entrance wound of the left dorsolateral forearm described immediately above.

29. There is a graze gunshot wound of the left dorsomedial hand. This wound is located 1.5 cm above the level of the wrist and 3.5 cm left of ventral midline of the wrist. The wound measures 55 x 15 mm.

30. There is a graze gunshot wound of the lateral left fifth finger. This wound is located 8 cm below the level of the wrist and 0.5 cm left of dorsal midline of the finger. The wound measures 13 x 10 mm.

31. There is a gunshot entrance wound of the left anterior knee. This wound is located 2 cm below the level of the knee and 2.5 cm left of anterior midline of the leg. The hole measures 7 x 8 mm and is round with focally inverted edges. The edges show an abrasion ring measuring up to 1 mm in greatest dimension and is concentric to the wound. No powder stipple or soot is identified. X-rays show a fragment in the soft tissue of the knee. It has been retrieved and submitted as evidence. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is upward, backward and rightward. The track of this bullet has been traced to have passed via the skin and soft tissue to rest in the soft tissue of the left knee.

A bullet fragment is retrieved lying on the forehead. There is no definitive way to determine which gunshot wound this fragment belongs to. Fragments are retrieved from the left superficial chest, right and left chest cavity, right and left back, central back, and left chest. Due to the fragmentary nature of the ammunition, there is no definitive way to determine which gunshot wound these fragments belong to.

Fractures: There are fractures of the mandible, maxilla, C2 vertebral body, sternum, left ribs 2-7, right anterior ribs 4 and 6, right posterior rib 9, right and left temporal bones, left occipital bone, and left radius and ulna.

COPY

Office of the Medical Examiner
Not For Secondary Release
City of St. Louis

Exam Case

Body Cavities: The body is opened with the usual Y-shaped thoracoabdominal and bitemporal scalp incisions. The anterior thoracic musculature and subcutaneous region demonstrate hemorrhage surrounding the gunshot wounds. There is 50 ml of blood within the right pleural cavity and 100 ml of blood within the left pleural cavity. The anterior pericardial sac has been obliterated, as described in the injury section. The peritoneal cavity and retroperitoneum are unremarkable.

Neck Organs: The soft tissue of the neck demonstrates hemorrhage surrounding the left gunshot entrance wound. The hyoid bone is intact and is well ossified. The glottis, laryngeal and tracheal airways are widely patent. The larynx demonstrates two disruptions as previously described in the injury section. The thyroid gland is normal. The parathyroids are not identified.

Mediastinum: The thymus gland is not identified. The mediastinum is normal.

Heart: The heart weighs 280 gm. The left ventricular wall thickness measures 1.1 cm and the right ventricular wall thickness measures 0.2 cm. There is an 11.5 x 8.5 disruption of the anterior heart, including the right and left atria, right and left ventricles and the left anterior descending artery, as described in the injury section. The posterior surface of the heart is smooth, glistening, and transparent. The wall is of normal consistency. There is a normal amount of subepicardial fat tissue present. The size and contours of the heart are normal. The endocardium, cardiac valves and chambers are not remarkable. The coronary arteries are thin-walled and of normal diameter throughout. The cut surface of the myocardium is the normal reddish brown color.

Vascular System: There is a 2 x 1 cm disruption of the ascending aorta, as described in the injury section. The aorta and arterial system are otherwise not remarkable. There is injury to the inferior vena cava, as described in the injury section. The systemic veins are otherwise normal.

Lungs: The lungs together weigh 650 gm. The lungs demonstrate multiple injuries, as described in the injury section. The lung surface is purple. The lung tissue throughout is soft and atelectatic. The air passages are normal throughout and are lined by smooth, pink mucosa. The pulmonary arteries and veins are free of emboli, thrombi, and other gross abnormalities.

Liver: The liver weighs 1240 gm. It is red-brown and of normal consistency. There is injury through the liver hilum, as described in the injury section. The cut surface of the liver is normal.

Biliary Tract: The gallbladder and biliary tract are normal and free of stones.

Pancreas: The pancreas is normal in consistency and in appearance. The transection of the pancreas has been described in the injury section.

Gastrointestinal Tract: The entire gastrointestinal tract is examined and the disruption of the stomach has been previously described in the injury section. The stomach contains approximately 50 ml of partially digested food.

Spleen: The spleen weighs 70 gm and is normal on the surface and cut section.

Lymphatic System: The lymph nodes are normal in size and appearance.

COPY

Office of the Medical Examiner
Not For Secondary Release
City of St. Louis
Torres - Post-Mortem Exam - 009

Bone Marrow: The bone marrow is normal.

Adrenals: The adrenals are well supplied with lipid material and are free of hemorrhage, inflammation, and primary and secondary neoplasm. The medullary portions are not remarkable.

Kidneys: The kidneys appear grossly of normal configuration and together weigh 270 gm. The cortex measures 6 mm in thickness. The renal capsules strip with ease to reveal a normally smooth surface. The surface is the usual reddish brown color. There is disruption of the left kidney, as described in the injury section. The papillae, renal pelves and ureters are otherwise not remarkable.


Bladder: The bladder contains an estimated 130 ml of clear yellow urine. The wall is entirely normal.

Male Genital System: Unremarkable.

Cranial Cavity: The reflected scalp shows no evidence of contusion, hematoma, or other lesion. The calvarium and bones at the base of the skull demonstrate fractures of the right and left temporal bones, as well as the left occipital bone. There is a posterior fossa subarachnoid hemorrhage. The weight of the unfixed brain is 1560 gm. The gyri are of normal distribution and development. No brain injury is detected on careful search. Cut sections of brain substance show symmetry and essentially normal structures throughout. The cerebrovasculature is unremarkable. The ventricular system and spinal fluid are normal. The pituitary gland is grossly normal. The pineal gland is not identified.

Spinal Cord: The upper spinal cord as viewed from the cranial cavity is not remarkable. Posterior neck dissection demonstrates transection of the spinal cord at the level of C2.

Special Studies: Brain, liver, vitreous fluid, blood, and urine are sent for toxicological analyses.



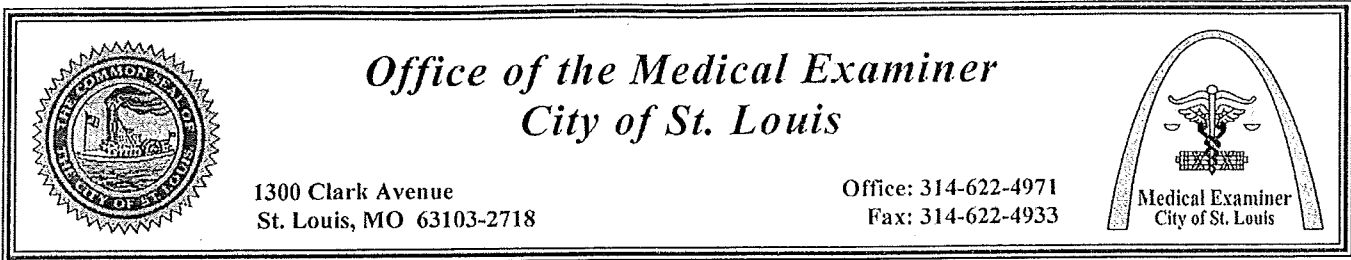
Erin Ely, MD
Assistant Medical Examiner

COPY



Juliette Scantlebury, MD
Assistant Medical Examiner

Office of the Medical Examiner
Not For Secondary Release
City of St. Louis



Hammett, Isaiah Michael

CITY-2017-1352

Exam Case

PATHOLOGIC FINDINGS

I. Gunshot Wound of the Neck

A. Entrance, left neck

1. Track upward, backward and rightward
2. Track via skin, soft tissue, skeletal muscle, larynx, C2 vertebral body (fracture), spinal cord (transection), mandible (fracture), maxilla (fracture), to fragment in the soft tissue and bones of the left neck, larynx, and face (fragments recovered)
 - a. Subarachnoid hemorrhage, posterior fossa
 - b. Skull, right and left temporal bones and left occipital bone, fractures

II. Gunshot Wounds of the Chest

A. Entrance, left chest

1. Track upward, backward and rightward
2. Track via skin, soft tissue, left 4th rib (fracture), lower lobe of the left lung, pericardial sac, anterior heart, aorta, sternum (fracture), middle lobe of the right lung, right 4th and 6th ribs (fractures), to exit the skin of the central and right chest
 - a. Hemothoraces, right 50 ml, left 100 ml

B. Entrance, left lateral chest

1. Track upward, backward and rightward
2. Track via skin, soft tissue, and skeletal muscle, to exit the skin of the left anterior shoulder (fragments recovered)

C. Entrance, left lateral chest

1. Track upward, backward and rightward
2. Track via skin, soft tissue, and left 8th intercostal space, to fragment in the chest (fragments too small to be recovered)

D. Entrance, left lateral chest

1. Track upward, backward and rightward
2. Track via skin, soft tissue, left ribs 2-7 (fractures), lower lobe of the left lung, to fragment in the chest and partially exit the left chest (fragments too small to be recovered)

COPY

Office of the Medical Examiner
Not For Secondary Release
City of St. Louis

PATHOLOGIC FINDINGS

E. Entrance, left chest

1. Track upward, backward and rightward
2. Track via skin and soft tissue, to fragment in the chest (fragments too small to be recovered)

F. Entrance, right central chest

1. Track upward, backward and rightward
2. Track via skin and soft tissue to fragment in the chest (fragments too small to be recovered)

G. Entrance, right lower chest

1. Track upward and rightward
2. Track via skin, soft tissue and skeletal muscle to exit the skin of the right lower lateral chest

H. Entrance, left back

1. Track upward, forward and leftward
2. Track via skin, soft tissue, skeletal muscle, lower lobe of the left lung, upper lobe of the left lung, to exit the skin of the left armpit

III. Gunshot Wounds of the Abdomen and Pelvis

A. Entrance, left abdomen

1. Track upward, backward and rightward
2. Track via skin, soft tissue, skeletal muscle, and stomach, to fragment in the abdominal cavity (fragments recovered)

B. Entrance, left abdomen

1. Track upward, backward and rightward
2. Track via skin, soft tissue, skeletal muscle, left kidney, to fragment in the abdominal cavity (fragments recovered)

C. Entrance, left pelvis

1. Track upward, backward and rightward
2. Track via skin, soft tissue, skeletal muscle, pancreas, inferior vena cava, and liver, to fragment in the abdominal cavity (fragments recovered)

IV. Gunshot Wounds of the Back

A. Graze wound, right back

V. Gunshot Wounds of the Upper Extremities

A. Entrance, right ventral arm

1. Track downward, backward and rightward
2. Track via skin, soft tissue, and skeletal muscle, to fragment in the soft tissue and skeletal muscle of the right arm (fragment recovered)

COPY

Office of the Medical Examiner
Not For Secondary Release
City of St. Louis

PATHOLOGIC FINDINGS

- B. Entrance, right ventrolateral arm
 - 1. Track downward, backward and leftward
 - 2. Track via skin, soft tissue and skeletal muscle, to fragment in the soft tissue and skeletal muscle of the right arm (fragments too small to recover)
- C. Entrance, right ventral arm
 - 1. Track upward, backward and leftward
 - 2. Track via skin, soft tissue, and skeletal muscle, to exit the skin of the right dorsal arm
- D. Entrance, right dorsolateral forearm
 - 1. Track upward, forward and leftward
 - 2. Track via skin, soft tissue, and skeletal muscle, to exit the skin of the right ventral forearm (fragment recovered)
- E. Entrance, left anterior shoulder
 - 1. Track downward, backward and rightward
 - 2. Track via skin, soft tissue, and skeletal muscle, to fragment in the left chest (fragments too small to be recovered)
- F. Entrance, left anterior shoulder
 - 1. Track downward, backward and rightward
 - 2. Track via skin, soft tissue, and skeletal muscle, to fragment in the left chest (fragments too small to be recovered)
- G. Entrance, left anterior shoulder
 - 1. Track downward, backward and rightward
 - 2. Track via skin, soft tissue, and skeletal muscle, to fragment in the left chest (fragments too small to be recovered)
- H. Entrance, left dorsolateral forearm
 - 1. Track downward, forward and rightward
 - 2. Track via skin, soft tissue, skeletal muscle, left radius (fracture) and ulna (fracture), to exit the left ventral forearm in two components
- I. Graze wound, left dorsomedial hand
- J. Graze wound, left lateral 5th finger
- VI. Gunshot Wounds of the Lower Extremities
 - A. Entrance, left anterior knee
 - 1. Track upward, backward and rightward
 - 2. Track via skin and soft tissue to rest in the left knee (fragment recovered)
- VII. Other Injuries
 - A. Abrasions, face, chest, abdomen, back, arms, and right leg
 - B. Pseudostippling, chest, right arm, back

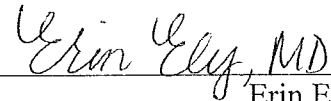
COPY

Office of the Medical Examiner
Not For Secondary Release
City of St. Louis

PATHOLOGIC FINDINGS

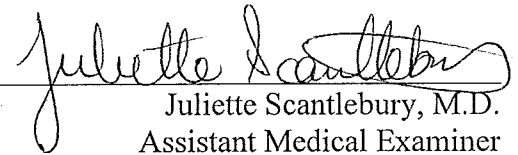
VIII. Other Findings

- A. Fragments recovered from the forehead, left superficial chest, right and left chest cavity, right and left back, central back, and left chest



Erin Ely, M.D.

Assistant Medical Examiner



Juliette Scantlebury, M.D.

Assistant Medical Examiner

COPY

Office of the Medical Examiner
Not For Secondary Release
City of St. Louis



**Office of the Medical Examiner
City of St. Louis**

1300 Clark Avenue
St. Louis, MO 63103-2718

Office: 314-622-4971
Fax: 314-622-4933



Hammett, Isaiah Michael

CITY-2017-1352

Case Type: Exam Case

Cause of Death:

Immediate Cause: Gunshot Wounds of the Chest and Neck

Manner of Death: Homicide

Toxicology Results

Blood: -

Blood Alcohol

Acetone	Negative
Ethanol	Negative
Isopropanol	Negative
Methanol	Negative

Blood Cannabinoid Quant

11-Hydroxy-THC	Negative
11-Nor-Delta-9-THC-CooH	24.4 ng/ml
Delta-9-THC	Negative

Blood Drug Screen

Acetaminophen	Negative
Amphetamines	Negative
Antidepressants	Negative
Barbiturates	Negative
Benzodiazepines	Negative
Cannabinoids (THC)	Positive
Cocaine/Metabolites	Negative
Fentanyl	Negative
Lidocaine	Negative
Methadone	Negative
Non-Opiate Narcotic Analgesic	Negative
Opiates	Negative
Oxycodone	Negative
Oxymorphone	Negative
Phencyclidine	Negative
Phenothiazines	Negative
Propoxyphene	Negative

Office of the Medical Examiner
Not For Secondary Release
City of St. Louis

COPY

Erin Ely, MD
Erin Ely, M.D.

Assistant Medical Examiner

Juliette Scantlebury
Juliette Scantlebury, M.D.
Assistant Medical Examiner